

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 APR 18 AM 11:22

Full Name of Committee <u>Committee to Elect Andrea Peebles for Judge</u>		Registration Number if PAC <u>BOARD OF ELECTIONS</u>	
Full Name of Candidate <u>Andrew C. Peebles</u>			
Street Address <u>21 E. State Street, 12th Floor</u>		Office Sought <u>Franklin County Municipal Court Judge</u>	District
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Election		<u>11/08/05</u>	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐ No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	350.00
3. Total other income (From Form No. 31-A-2)	\$	7500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	7850.00
5. Total monetary expenditures (From Form No. 31-B)	\$	450.00
6. Balance on hand (line 4 minus line 5)	\$	7400.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	168.19
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	7500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

John P. Corp. Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

John P. Corp.
Signature

04/15/05
Date

Contribution
pages 2

Expenditure
pages 2

Other
pages 2

Total
pages 7

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peeples for Judge									
Full Name of Contributor Richard Borrer						Registration Number, if PAC			
Street Address 3036 Leeds Road			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 1	Y 24	Amount 50.00	
Full Name of Contributor Mark A. Serrott						Registration Number, if PAC			
Street Address 789 Northwest Blvd A			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43212		M 0	D 3	Y 16	Amount 250.00	
Full Name of Contributor Mae Kathryn Young						Registration Number, if PAC			
Street Address 1300 W. 13th Ave			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Gary		State IN	Zip Code 46407		M 0	D 4	Y 06	Amount 50.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 350.00

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peeples for Judge				
Full Name of Contributor Andrea C. Peeples		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5596 Winsor Woods Drive		Description of Item or Service Badges		M D Y Fair Market Value 0 3 0 2 0 5 12.79
City Gahanna,		State OH	Zip Code 43230	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Andrea C. Peeples		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5596 Winsor Woods Drive		Description of Item or Service Internet Services		M D Y Fair Market Value 0 3 0 8 0 5 155.40
City Gahanna,		State OH	Zip Code 43230	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.
[R.C. 3517.10(B)(4)]

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Page Total \$ 450.00

Event Date	04/14/05 #####
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee to Andrea Peebles for Judge									
To Whom Paid The Hawk Galleries						M	D	Y	Amount
						0	3	3	450.00
Address 153 E. Main St.		Purpose Venue Rental							
City Columbus		State OH	Zip Code 43214		Check Number 1001				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	450.00
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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect ANDREA PEEPLES for JUDGE								
Full Name Calvin L. Peeples - Loan to Committee from 31-C				Registration Number, if PAC				
Address 6401 Stoll Lane		Type* LN			M 0	D 3	Y 1	Amount 7,500.00
City Cincinnati		State OH	Zip Code 45236		Form (Cash, Check, etc.) Check			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Elect Andrea Peeples for Judge												
From Whom Received Calvin L. Peeples								Prior Amount 0.00		Amt. Incurred this Period 7,500.00		
Address 6401 Stoll Lane										Outstanding Balance 7,500.00		
City Cincinnati		State OH	Zip Code 45236		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	3	1	6	0	5	7,500.00				
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 7,500.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 7,500.00 (To Form No. 30-A)